

Do not write inside box

Calumet Theatre Membership Application

Date _____ Renewing Membership New Member

PLEASE PRINT:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Seasonal Address _____

(if applicable, dates at this address)

Please check preferred membership category:

Lillian Russell
\$35 - \$49.99

Noah Beery
\$50 - \$74.99

John D. Cuddihy
\$75 - 124.99

James O'Neil
\$125 - \$249.99

Douglass Fairbanks
\$250 - \$499.99

John Phillip Sousa
\$500 - \$749.99

Richard Mansfield
\$750 - \$999.99

Sarah Bernhardt
\$1,000 - \$2,499

Madame Helena Modjeska
\$2,500 & above

Employer Name _____

*Optional data – some employers will match your contribution to a non-profit organization.

Please make checks payable to “Calumet Theatre” or charge to:

Discover MasterCard Visa \$ _____

Card # _____ Expiration ____/____ Cvc code _____

Yearly Membership runs for one year from the date it is received.

**Please fill out this form and mail it with your payment to: Calumet Theatre,
340 Sixth Street, P.O. Box 167 · Calumet · MI · 49913 · (906) 337-2610